



## West Des Moines Human Services Handyman Program - Client Application

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact – Name/Phone \_\_\_\_\_

Names of Other Household Members: \_\_\_\_\_

► Do any of these individuals have a disability? ☐ Yes Name(s): \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ # in Household: \_\_\_\_\_

(Please attach documentation providing proof of income –  
need total income for all household members)

Source of Income: ☐ Social Security ☐ Disability ☐ SSI ☐ Pension ☐ Wages

Other – please describe: \_\_\_\_\_

Please explain your need for handyman services: \_\_\_\_\_

Assistance Requested: ☐ Mowing ☐ Shoveling ☐ Handyman Services

Other – please describe: \_\_\_\_\_

### **Additional Information Needed:**

New Client: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Homeowner: ☐ Yes ☐ No

Disabled: ☐ Yes ☐ No

Veteran: ☐ Yes ☐ No

Birthdate: \_\_\_\_\_ (Month/day/year)

Marital Status: ☐ Single ☐ Widowed ☐ Married

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ White ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African  
American ☐ Native Hawaiian or other Pacific Islander ☐ Other

Highest level of education: ☐ High School ☐ Some College ☐ Associate's ☐ Bachelor's

☐ Master's ☐ Other: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Please return completed application, consent form & income verification documents to:**

West Des Moines Human Services ■ Attention: Tami Lage

P.O. Box 65320 ■ West Des Moines, IA 50265

**\*\*\*Please call Tami Lage at 222-3664 with any questions\*\*\***

#### OFFICE USE ONLY:

Income & Age Verified: ☐ Yes Poverty Level % \_\_\_\_\_ Consent and Release Form on File: ☐ Yes ☐ No

Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_